

**Trinity Lutheran Church
Vacation Bible School
August 2 – 6, 2021**

Parent/Guardian Agreement to Medical and Emergency Procedures

Please initial each item after reading it.

1. _____ All participants must wear a mask the entire time they are on site of Trinity Lutheran Church except for snack.
2. _____ All parents/guardians will be required to sign their child(ren) in at the daily check-in. Parents/Guardians will complete the check in form. Campers temperatures will be taken.
3. _____ In case of subsequent illness, a parent/guardian will be called and my child will be picked up promptly.
4. _____ I need to keep the Trinity Lutheran Church VBS informed of my whereabouts, keeping emergency information up-to-date and supplying temporary phone numbers on the daily check in sheet when I will not be at my usual location. I understand the people I have named as emergency contacts will be called to pick up my child if the parent(s)/guardian(s) cannot be reached.
5. _____ In case of simple injury, the staff will perform first aid, including cleaning wounds and applying ice and/or Band-Aids. I give permission to the staff to use soap and water for this purpose.
6. _____ In cases of medical emergency, I will be called immediately. I understand that when the Trinity Lutheran Church staff deems it necessary, 911 will be called first. If transport to a hospital is necessary, my child will be taken to Cottage Hospital, or the nearest available hospital. I give my consent for treatment by emergency and hospital personnel. I agree to assume the financial responsibility for costs incurred.
7. _____ In the event that the parent(s)/guardian(s) cannot be reached immediately, I hereby authorize the Trinity Lutheran Church Vacation Bible School staff to take whatever emergency medical measures are deemed necessary for the well-being of my child.
8. _____ Vacation Bible School staff will apply camp-provided sunscreen to my child unless I have indicated otherwise on this form. DO NOT use sunscreen on my child. _____

Signature of parent or guardian

Date

Best phone number for emergency contact: _____

Name of Child(ren):
